Substitute for form 1449/PTO (Revised 07/2007)				Complete if Known	
				Application Number	10/820,213
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT *(Use as many sheets as necessary)*				First Named Inventor	Lunak et al.
				Art Unit	2876
				Examiner Name	St. Cyr, Daniel
Sheet	*1*	of	1	Attorney Docket Number	050704/306277

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Examiner Initials*	Cite No.	Document Number Number - Kind Code (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages of Relevant Figures Appear
DS	1	US-5,205,436	04-27-1993	Savage	
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OTHER DOCUMENTS

Examiner Initials*	Cite No.	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	English Language Translation Attached

Examiner Signature		Date Considered	12/05/07

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